Exchange Stakeholder Involvement Council Meeting Notes

January 15, 2011

I. Meeting Opening

- The regular meeting of the Exchange Stakeholder Involvement Council was called to order at 10:00am, in Room 152 of the Montana State Capitol, in Helena, Montana.
- Montana Commissioner of Securities and Insurance Monica Lindeen gave an overview of the agenda for the meeting.
- Commissioner Lindeen introduced the new staff that has joined the grant team at CSI, including Technology Coordinator, Sibyl Govan; Grant Coordinator, Susan Paulson Davis; and IT Manager, Dave Van Nice.

II. <u>Updates on the Exchange bill and other relevant legislation by Commissioner</u> Lindeen

- Commissioner Lindeen- I just wanted to briefly give an update on legislative interests. Obviously our greatest priority is HB124 carried by Rep. Chuck Hunter is assigned to the House Business and Labor committee and hasn't been scheduled yet.
 - We also have HB105, our rate review bill carried by Robyn Driscoll which is also assigned to House Business and Labor and is scheduled for Tue. Morning at 8am.
 - O The standing committees for Business and Labor and Human Services held a really good informational session where someone from the National Council on State Legislatures (NCSL) came in and a great deal of time was spent educating the members of the legislature about the ACA and the Exchange, legal challenges happening nationally, and what other states are and aren't doing. Then I had the opportunity to talk about what my agency was doing with HCR and with this group. I thought it was great to have the informational session for them before hearings start.
- Stakeholder- For those who haven't seen it the information is also available on the legislative website.
- Commissioner Lindeen- Yes, I apologize I forgot to say that, there are four presentations on the websites which many folks have found very helpful.

III. Presentation on IT planning currently being done

- CSI Staff- I want to give an update on the grant project first.
 - Last month the grant team had the opportunity to go to training in DC with breakout sessions, meet with officers, and meet with Office of Communication for Insurance and Information Oversight (OCIIO). The regulatory team is involved with revising rules and we heard those rules are to come out in the spring. Those mostly deal with essential benefits; we will have the final rule on essential benefits sometime in the fall. Also this month we created an interagency work group and met for the first time; determining integration with eligibility screening of Medicaid, CHIP, etc. will require all the agencies working together. A

- planning document will be generated in making recommendations for the process; we will develop an additional subgroup for further planning.
- We also created a glossary of terms. In our last meeting you recommended a glossary of terms so that we would all be on the same page with language. The document is currently under review in our legal department and we will send it out to you next week and post it on the website.
- Our first quarterly grant report is dues next month, both financial and activity planning is due. The biggest news we heard this week is that OCIIO is being folded into the Medicare agency. It became part of the Center for Medicare and Medicaid Services (CMS) to be managed, builds upon existing foundation, the date of the transition is to begin sometime in February.
- Stakeholder- I'd like to ask a little about the eligibility component, I'm very curious on how it is going to work. Is this an opportunity for DPHHS to re-examine how they are doing things or will the Exchange do things how DPHHS does?
- CSI Staff- Well, DPHHS is also receiving changes on their rules and things they have to do so we have to talk with them so we can coordinate that. The most important things is for the exchange to have a seamless entry for consumers. We all have a common goal and our IT people are working very hard on this already.
- Stakeholder- *Great, I'd love to hear more about those issues as they move along, those are big issues and I'm glad you're working so hard on them.*
- CSI Staff- I will try to hit the main points on the slides. First of all I'm going to talk about what is an exchange, I know you all have already talked about what it is from a policy perspective but I'm going to talk about it from an IT perspective. An easy one stop online market place, scaled to high traffic loads, call center must have the same kind of quality in performance. We want to present that world class amazon.com type of web purchasing experience. There's a set of business processes of exchanges, benefit plans, calculator for subsidies, shopping cart for purchases, processes to submit, qualify, and rate benefit plans, a lot of coordinating the state must do. All states are going to be building and using prototypes; we cannot necessarily borrow from another state because of differences between states.
 - Another piece is the technical architecture, which is the operating systems, and how the exchange interfaces to other systems. If we're a quasi-governmental agency there are different levels of how much we will have to build on our own or use of other agencies.
 - The exchange is going to be an organization with processes, payroll, accounting, email, telephone, and human resources.
 - A potential timeline for the IT piece could go several different ways depending on the approach we choose. October 2013 is the ending date for when a person could look at benefit plans and make a purchase. Are we going to buy, beg, borrow, or steal form other states? We are going to try to achieve that world-class experience for the exchange for the state of Montana. We need to get the RFP rewarded by the fall so that we can begin to build the exchange; we will get

an actual exchange in the spring of next year that we could play with, get feed back on, and try out. As our target groups tell us, we will learn what we need to try to get some sort of a final exchange delivered to us from our vendors in early 2013 so we can do all our additional testing before it goes up. Federal guidance from OCIIO and CMS released standards for integration; the latest and greatest IT out there, data we need to generate for recording, and HIPPA standards for security, will need to interact together in the easiest and least expensive way. Open architectures make it easier to borrow from each other. We will see the essential benefits in the fall and IT standards in the spring.

- Questions?
- Stakeholder- In Billings, I work for a foundation and we provided funding for a small school in Lola for the library to stay open after hours in the evening. Are you going to do things like that for the communities in MT for people who don't have internet access?
- CSI Staff- We will use research that has already been done by the state.
- CSI Staff- I asked Dave to come up with some of those items.
- CSI Staff- I don't know right now I think the figure in my head is 78% of Montanans have access to the internet.
- CSI Staff- We can provide that study to you.
- CSI Staff- We think about beyond that number all the people that have a droid, state guidance, legislative, and policy decisions you all have been working through, the interagency working group, map out the business processes of the eligibility programs, there are a lot of different ways to integrate programs but we need to get that guidance from the policy advisors. We are getting that guidance on leveling interest and infrastructure, it is not clear now. Also state policies and rules, budgeting, rules. Stakeholder feedback and focus groups do formal assessments and surveys, guidance on prototype. States to watch, Massachusetts published IT lessons learned, don't try to build it in 6months, and don't wait until all the rules are out. Wisconsin has a prototype, really helps those policy decisions to have something tangible that they can go use. Illinois is in the same state and timeline as us, similar challenges and similar timeline. Utah has most similar exchange and timeline. Oklahoma has online Medicaid eligibility saving them a lot of money. Early innovators program, we aren't quite ready. 5 states will receive grants for developing universal, borrow ability, copy ability, and invent things that other states can use, early this year. My to do list, gather business requirements, do a gap analysis for what we already have versus what we would have to build, choose architecture and approach, build on older system or new.
- Stakeholder- Early innovator grants, for the bill we have now, a Fiscal Note with a 300dollar investment for Medicaid. Do you think the eligibility piece could be something we could do?

- CSI Staff- I think it will, you have the front end and the back end, the back end would be similar for all states, the front end would differ depending ton the state, our goal would be that one process happens no matter where the consumer comes in. We will work with DPHHS to develop what that process should look like.
- Stakeholder- On the early innovators you said you're not planning to apply, are other states ready?
- CSI Staff- Wisconsin is planning to apply and I know other states have worked on it for 2 years or more, but they don't necessary have it in production.
- CSI Staff- The early innovator grant application was due in December.
- CSI Staff- Wasn't the purpose to see if one of those states could develop a prototype for other states?
- CSI Staff- Yes, that's basically what it is.
- CSI Staff- so it's really quite a burden to take that on for the whole country.
- CSI Staff- The exchange needs to meet that world class requirement but also work well with other state agencies.
- CSI Staff- *Do you know which states actually applied?*
- CSI Staff- No, the grants will be awarded February 15th, we won't know until then
- CSI Staff- In December only a couple of applications had come in and they were begging people to apply at the last minute.
- Commissioner Lindeen- I will double check at the commissioner's meeting to see if they know.
- CSI Staff- They must already have a blueprint ready as a minimum requirement to apply for the grant. Next, get the RFP out and award it to vendors by the end of the year. I was very impressed that when I came on the commissioner's office already had put out the CEP and we awarded the contract to a group called Public Knowledge, LCC.
- Rod Bailey of Public Knowledge- Target date to finish all this is the end of August to meet the date of October that Sibyl mentioned to get the RFP out. Then actually putting together the blueprint and put together the RFP. Project management plan guides the entire project; we just turned in a draft this week and defined this at the kick off. We will have bi-weekly status meeting,; deliver monthly quality status reports, and meet quality assurance standards.

- Stakeholder- Are these meetings open to the public? Could this group get notification?
- CSI Staff- We will get the schedule out to you, send out an invitation, and post the schedule on the website.
- Stakeholder- *How does the project plans interact with the interagency group, is there an IT subgroup to make those plans?*
- Rod Bailey- There was some discussion of an IT subgroup at the first interagency meeting this past week.
- CSI Staff- At the meeting we just defined purpose, from a policy perspective the interagency group will be meeting once a month, those will all be determined in the future.
- Rod Bailey- Coordination with other agencies will be key, especially with the one-stop shop aspect. We start out with the requirements definition plan, we already know some parts, a visioning session early in the definition process, to get the right players together and align their vision of how this should work. We are also doing a lot of research on documentation from the feds and other states. We will also be conducting interviews with other states, etc. We will put together a skeleton set of definitions to start with and then get feed back on them to know how to move forward and further define them.
 - O Alternatives, do other states with exchanges have something we could use? Should we consider a multi-state exchange? Commercial products that can be useful? Narrow down the list. How do we evaluate the alternatives, criteria and rating system? The result is an evaluation of the alternatives and a selection of the best fit approach.
 - The blueprint itself for exchange will be based on the definitions and alternatives evaluation. We will have to look at latest technologies, consumer needs, cost estimates, timing, end date, how feasible it is, and the steps to get there. We will have a draft blueprint first before final version.
 - The final step is to develop the RFP for the services needed to implement the exchange, requirements the vendor will have to meet, deliverables, scoring criteria. Questions?
- Stakeholder- We've focused a lot on the ability of the exchange to accept all the consumers to come in and sort out what option is best for them but does the exchange in its IT needs have a role to help people once they choose a plan, is there an interaction between the plan and how it adjudicates claims and the exchange? Or is it only getting people sorted to where they should go? What's the technology linkage if any?
- CSI Staff- We are going to build an exchange to map out the business processes, I think I'm going to have to defer this question to someone else to answer.

- CSI Staff- The exchange is for the sell of private health insurance, any issues they have with claims and payment would be worked out with the companies, not in the exchange, internal and external review they would come to the commissioner's office. The commissioner's office, according to the bill is going to be the clearing house for review.
- Stakeholder- We've talked about the exchange rating plans, does that occur thru benefit designs?
- Stakeholder- I don't know if this is speculation or looking to the future, but I'll also look to David Kendall on this issue. There will be further refinement, quality metrics, network adequacy and quality assurance, managed care environment, more metrics developed as those metrics are used and those would be reported in the exchange.
- Stakeholder- I think Tanya is correct. We want to try to keep the exchange tightly dealing with low costs and be a facilitator, not too complicated. Look to the exchange board to determine the costs and how quickly an exchange gets paid.
- CSI Staff- They are required to report, there's a list of disclosures in federal law.
- Stakeholder- In up front design you want to get built even if in long run. How does a consumer make a decision when getting to a subsidy, getting to eligibility process? Focus on how they choose a plan, this is a big organizational task to present to consumers, you want this to be useful, and can't have a bunch links. The advantage of the exchange is that it will be a trusted brand that is neutral, on consumers' side to provide information. Once you get into a plan you want to know how the doctors are, if they are good or bad. Part of the architecture could be to provide that information as well, plans have effect on quality too, and this could drive quality care. At the provider level, you need to know the cost and quality level. How can you use the exchange to engage consumers as active in their own health? There would be a call center to help people get in the right direction for their health problems.
- CSI Staff- There is a lot of coordination between the grants. In the million dollar rate grant, we are required to provide a data center for assistance to consumers, potential costs, where to go, etc., this grant would be integrated. Consumer Assistance Program (CAP) grant will be an integrated program based on consumer info, provide consumers with strong information on problems, where to go, how processes work; the RFP has a separate section on program integration for people to see how those programs will be integrated along with other groups, hospitals, and consumer groups. Things should be coming from a consumer perspective into the exchange so people can make the best decision without being sent other places, other contractors.
- Stakeholder- clarification on CAP program, price?
- CSI Staff- It is about consumer assistance, no dollars are associated, and when someone calls it is handled by Policyholder Services (PHS) of CSI. How we can assist the

- consumer? I think you are referring to the data center portion of the rate grant. Gregg Davis is going to be providing us with some background information.
- CSI Staff- Another project we will be working on is using \$50,000 to set up an all payers claims database, so they can get price info on procedures and treatments. We will do a demonstration project at UM for them to set up a database structure to determine what data would be useful for them and for the consumer. We will see what data sets are out there; reach out to private insurers and self-insurers to see who is willing to share info. A report will go out late this summer on the feasibility.
- CSI Staff- I just did some basic research on this, people know the MHA already has a comparison of costs.
- Stakeholder- Two sessions ago we had, mtinformedpatient.com where we have a lot of information about hospital costs, doctors, nursing homes, etc. We have a lot of information we would be willing to share and work with the group on. We are willing to expand, etc.
- Commissioner Lindeen- We will include a link to that as well with the other info we will be sending out.
- CSI Staff- Not all hospitals choose to participate, right?
- Stakeholder- correct
- Stakeholder- What kind of info is in CAP?
- CSI Staff- Educate people, after hours at the commissioner's office, PHS folks available to answer questions and help file a complaint, required to do database reporting to HHS, also re-doing consumer guides, and getting more consumer information out to the public.
- Stakeholder- A general information site?
- Commissioner Lindeen- *Not a website, we were only given 149,00dollars for this program as opposed to the million for the rate and exchange grant.*
- CSI Staff- Designated the commissioner's office as the consumer ombudsman, assist all consumers with claims appeals, internal external, a lot of paperwork, someone needs to help them, also helps us to assist consumers who have a self funded plan with the paperwork while we previously couldn't help those people.
- Stakeholder- Are we working with Montana Association of Health Care Purchasers, Bernard Khomeko?
- CSI Staff- We originally thought they would but

- Stakeholder- As a consumer who represents cancer patients, does that also look at facility versus provider comparisons?
- Stakeholder- *Unfortunately there is not a lot of physician data.*
- Stakeholder- We need that
- Stakeholder- I have a bill draft in to create an all payer database in the exchange, Utah runs one in their exchange, a concept that relates to the exchange but I didn't want to burden it.
- Commissioner Lindeen- *Absolutely, we can share information with you.*
- Stakeholder- What David was saying, where in all this process does the figuring out how this helps people actually fit in? All the proposals are yet to be set. Where do we take all the information and talk to people about how to present it in the most useable way?
- CSI Staff- We are looking at architecture and approach. The RFP would have a large design section, experts in how people use info and how it should look. This is one reason why I would like a prototype well ahead of the fall 2013 deadline to get feedback from people.
- Stakeholder- *How will guidance work? Will the exchange recommend the 3 best plans for a consumer or just say here are all the plans that you could choose from, good luck?*
- CSI Staff- I have seen states or prototypes that do it both ways. A lot of exchanges will try to find the best 3 to 5 plans to present to the consumer. We can build that in our prototype and see what people think, a design decision we can adapt to later.
- Commissioner Lindeen- We have to keep in mind what is required by ACA in terms of medal levels.
- CSI Staff- The exchange is about ease of access to information, transparency, we cannot have it recommend because then you would get in the area of selling, soliciting, and negotiating. Plans will be sorted by what kind of rating they have. We don't know much yet about how rating is going to work. If an employer or individual says I want to buy a bronze plan then the website can sort plan options for them and sort those in that category then use the calculator to check premiums and subsidies and also check the ratings on the plan.
- CSI Staff- We will provide tools for people, such as the calculator, the exchange would never direct people to one plan or another.
- Stakeholder- Would one of those tools be for the person to ask which plans, networks are my doctor in?

- CSI Staff- Yes, part of the toolkit, questionnaire, employers do necessary steps for their employees in house to help them in their decision making process.
- Commissioner Lindeen- Undefined still, how this is going to work for insurance agents, we are still searching for this. They really do play a major role in assisting consumers; we have not forgotten and are trying to work through this with Angela and Kathy for ideas about how those agents can still play a role in the exchange. Nationally, we have created a task force which I am on where we are trying to look at this issue as a whole in terms of health care reform. What are suggested options for the industry and agents to consider in determining they still have a role?
- Commissioner Lindeen- Questions, comments? Thank you for the presentations, we will make sure all presentations are posted on website as well as the recordings of this meeting. Next meeting scheduled for March 9th, location TBA, probably not capitol, I won't be here; I will be at an all commissioners meeting in California planning strategies for the coming year and meeting new colleagues. I want to remind you there is a brief evaluation form I ask that you fill out. If there are no further questions, I will open it up to public comment? None. Thank you again for being her on Saturday we will send out notice of when HB124 is scheduled for hearing. We are finished for the day.